



**State of Montana**  
**DEPARTMENT OF CORRECTIONS**  
**RADIO EQUIPMENT ISSUE AGREEMENT**

Division / Facility / Region	
Division Radio System Manager (RSM):	

Issued To:		Employee Number:	
Radio and Accessories Issued			
Make	Model	Serial Number	Date Issued

Conditions of Agreement:

1. I understand the DOC radio I have been issued is for official use by Department staff only. I am responsible for maintaining the radio / equipment in operating condition. I further understand that I am responsible for this equipment if it is lost or damaged due to negligence.
2. I will report any damage to this equipment in a timely manner to the Division RSM.
3. I will immediately report the loss of any radio to my Division RSM and supervisor.
4. I understand that all radio programming must be approved by the Department RSM.
5. I am familiar and will comply with related Department policies including *DOC Policy 3.1.33, Radio/Telephone Communication Systems* and attachments.
6. I will immediately return the equipment to the Division RSM upon termination of my employment or when the radio is no longer required in the performance of my job duties.

Acknowledgement			
Division RSM Signature:		Date:	
Employee Signature:		Date:	